## SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. IND. DEP. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. IND. 54\_ / T TAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAIMS